

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875				Application or Docket Number 10/789,143	Filing Date 02/27/2004	<input type="checkbox"/> To be Mailed	
APPLICATION AS FILED – PART I				OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY <input type="checkbox"/>		OR	
<input checked="" type="checkbox"/> BASIC FEE (37 CFR 1.16(a), (b), or (c))	NUMBER FILED N/A	NUMBER EXTRA N/A	<input type="checkbox"/> SEARCH FEE (37 CFR 1.16(b), (f), or (m))	N/A	<input type="checkbox"/> EXAMINATION FEE (37 CFR 1.16(c), (g), or (j))	N/A	
TOTAL CLAIMS (37 CFR 1.16(j))	minus 20 =	INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 =				
<input checked="" type="checkbox"/> APPLICATION SIZE FEE (37 CFR 1.16(e))		If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).		<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))	<input type="checkbox"/> RATE (\$)	<input type="checkbox"/> FEES (\$)	
				<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))	<input type="checkbox"/> RATE (\$)	<input type="checkbox"/> FEES (\$)	
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL	TOTAL	770	
APPLICATION AS AMENDED – PART II				OTHER THAN SMALL ENTITY			
(Column 1)		(Column 2)		SMALL ENTITY		OR	
AMENDMENT 10/16/2007	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	<input type="checkbox"/> RATE (\$)	<input type="checkbox"/> ADDITIONAL FEE (\$)	<input type="checkbox"/> RATE (\$)	<input type="checkbox"/> ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(h))	- 27	Minus	** 25	= 2		
Independent (37 CFR 1.16(h))	- 5	Minus	***3	= 2			
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))				<input type="checkbox"/> X \$ =	<input type="checkbox"/> OR X \$ 50=	<input type="checkbox"/> 100	
				<input type="checkbox"/> X \$ =	<input type="checkbox"/> OR X \$ 210=	<input type="checkbox"/> 420	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				<input type="checkbox"/> OR			
				<input type="checkbox"/> TOTAL ADD'L FEE	<input type="checkbox"/> OR TOTAL ADD'L FEE	<input type="checkbox"/> 520	
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	<input type="checkbox"/> RATE (\$)	<input type="checkbox"/> ADDITIONAL FEE (\$)	<input type="checkbox"/> RATE (\$)	<input type="checkbox"/> ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(h))	-	Minus	**	=		
Independent (37 CFR 1.16(h))	-	Minus	***	=			
<input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))				<input type="checkbox"/> X \$ =	<input type="checkbox"/> OR X \$ =	<input type="checkbox"/> OR X \$ =	
				<input type="checkbox"/> X \$ =			
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				<input type="checkbox"/> OR			
				<input type="checkbox"/> TOTAL ADD'L FEE	<input type="checkbox"/> OR TOTAL ADD'L FEE	<input type="checkbox"/> 520	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: **Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*Legal Instrument Examiner:
//Angela E. Jones//